

**MONROE COUNTY HEALTH DEPARTMENT
APPLICATION FOR FOOD WORKER RECERTIFICATION**

LAST NAME

[illegible]

FIRST NAME

MIDDLE INITIAL

[illegible]

NUMBER AND STREET ADDRESS

[illegible]

CITY,

STATE

ZIP

[illegible]

HOME TELEPHONE NUMBER

[illegible]

PLACE OF FOOD SERVICE EMPLOYMENT_____

POSITION HELD _____

MONROE COUNTY FOOD CERTIFICATION EXPIRATION DATE_____

CERTIFICATON NUMBER _____

APPLICANT'S SIGNATURE _____ DATE _____

COURSE LENGTH IS APPROXIMATELY TWO HOURS. PLEASE CALL FOR CLASS SCHEDULE OR ANY ADDITIONAL INFORMATION: **274-6869**

THE RECERTIFICATION FEE IS **\$40** PAYABLE WITH THE SUBMISSION OF THIS APPLICATION.

PLEASE MAKE CHECKS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT.**

IF APPLYING BY MAIL, SEND FORM AND CHECK TO: **MONROE COUNTY HEALTH DEPARTMENT
FOOD CERTIFICATION
P.O. BOX 92832
111 WESTFALL ROAD
ROCHESTER, N.Y. 14692**

IF APPLYING IN PERSON, PLEASE BRING FORM AND CHECK TO ROOM 1020 AT THE ABOVE ADDRESS.